

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90001 001 ***150.00

DOCUMENT # P03000111868

1. Entity Name
LIPPER TOOLS, INC.



Principal Place of Business
**8480 SW 83 STREET
MIAMI, FL 33143**

Mailing Address
**8480 SW 83 STREET
MIAMI, FL 33143**

40119300



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0489120

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOTI, GEORGE L
8480 SW 83 STREET
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George L Foti, President

5/1/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WIEDER, RICHARD**
STREET ADDRESS **8480 SW 83 STREET**
CITY - ST - ZIP **MIAMI, FL 33143**

TITLE **ST - P**
NAME **FOTT, GEORGE L**
STREET ADDRESS **8480 SW 33RD ST**
CITY - ST - ZIP **MIAMI, FL 33143**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George L Foti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

305-798-4404

Daytime Phone #